B10 (Official Form 10) (4/98)		
• • • • • • • • • • • • • • • • • • •	DISTRICT OF LICENSE	PROOF OF CLAIM
Same of Debtor Same of Debtor Letoulers Mr	Case Number: (1001) (1035079-H2-11	
NOTE: This form should not be used to make a claim for an administrative expectase. A "request" for payment of an administrative expense may be filed pursua	nce arising offerthe control of the second o	Southern District of Texas
Name of Creditor (The person or other entity to whom the debtor owes money or property): Bank One National OD Recovery	Check box if you are aware that anyone else has filed a proof of	FILED JUN 2 6 2000
P.O. Box 7146 Indianapolis, IN 46207 Name and address where notices should be sent:	claim relating to your claim. Attach copy of statement giving	
Bank One National OD Recovery P.O. Box 7146	Deck box if you have never received any notices from the bankruptcy court in this case.	Chaci it. Willoy, Clerk
Indianapolis, IN 46207 Telephone number: 877-287-7303	Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor:	Check here replaces	
001900623882917	if this claim amends a previously fil	led claim, dated:
1. Basis for Claim Goods sold	Retiree benefits as defined in	ı 11 U.S.C. § 1114(a)
Services performed	☐ Wages, salaries, and compens	• /
☐ Money loaned☐ Personal injury/wrongful death	Your SS #:	<u> </u>
☐ Taxes	Unpaid compensation for ser	vices performed
2 Date debt was in a 1 (2) / (2) / (3)	fromt(date)	O(date)
2. Date debt was incurred: $\frac{2}{9}$	3. If court judgment, date obta	ined:
4. Total Amount of Claim at Time Case Filed:	s 115,07)	
If all or part of your claim is secured or entitled to priority, also com Check this box if claim includes interest or other charges in addition of all interest or additional charges.	plete Item 5 or 6 below. I to the principal amount of the claim.	Attach itemized statement
5. Secured Claim.	6. Unsecured Priority Claim.	
Check this box if your claim is secured by collateral (including a right of setoff).	Check this box if you have an una Amount entitled to priority \$	secured priority claim
Brief Description of Collateral: Real Estate	Specify the priority of the claim:	
Other	 Wages, Salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier −11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan − 11 U.S.C. § 507(a)(4). 	
Value of Collateral: \$	Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S. C. § 507(a)(6).	
	Alimony, maintenance, or support owed to - 11 U.S. C. § 507(a)(7). Taxes or penalties owed to governmental u	o a spouse, former spouse, or child units— 11 U.S. C. § 507(a)(8).
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	Other Specify applicable paragraph of 11 U.S. C. § 507(a)(). *Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has b for the purpose of making this proof of claim.	een credited and deducted	THIS SPACE IS FOR COURT USE ONLY
8. Supporting Documents: Attach copies of supporting documents, purchase orders, invoices, itemized statements of ruccourt judgments, mortgages, security agreements, and evide DO NOT SEND ORIGINAL DOCUMENTS. If document If the documents are voluminous, attach a summary.	ence of perfection of lien. es are not available, explain.	
9. Date—Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self—addressed envelope and copy of this proof of claim.		
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):		
Wat 100 Mulling Million Bail	Whater Adams	

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B10 (Official Form 10) (4/98)		
UNITED STATES BANKRUPTCY COURT OUT	DISTRICT OF LICENSE	PROOF OF CLAIM
Specialty letailers In	Case Number: () 10011 (17)35/19-H2-11	
NOTE: This form should not be used to make a claim for an administrative expense. A "request" for payment of an administrative expense may be filed purs	ense arising after the commencement of the	
moncy or property): Bank One National OD Recovery P.O. Box 7146	Check box if you are aware that anyone else has filed a proof of claim relating to your claim.	
Indianapolis, IN 46207 Name and address where notices should be sent: Bank One National OD Recovery P.O. Box 7146	Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case.	
Indianapolis, IN 46207 Telephone number: 877-287-7303	Check box if the address differs from the address on the envelope	THIS SPACE IS FOR COURT USE ONL
Account or other number by which creditor identifies debtor: O(0)(0)(23882917)	Check here replaces if this claim amends a previously file	
1. Basis for Claim	<u>-1</u>	······································
☐ Goods sold	Retiree benefits as defined in	
Services performed	☐ Wages, salaries, and compens	sation (fill out below)
☐ Money loaned	Your SS #:	_
Personal injury/wrongful death	Unpaid compensation for serv	vices =
☐ Taxes		vices performed
X Other	from to (date)	(date)
2. Date debt was incurred: 2/9/9	3. If court judgment, date obta	ined:
4. Total Amount of Claim at Time Case Filed:		
If all or part of your claim is secured or entitled to priority, also con Check this box if claim includes interest or other charges in addition of all interest or additional charges.	nplete Item 5 or 6 below. In to the principal amount of the claim, A	Attach itemized statement
5. Secured Claim.	6. Unsecured Priority Claim.	
Check this box if your claim is secured by collateral (including a right of setoff).	Check this box if you have an uns Amount entitled to priority \$	secured priority claim
Brief Description of Collateral:	Specify the priority of the claim:	
Real Estate Motor Vehicle Other	Wages, Salaries, or commissions (up to \$4,3 of the bankruptcy petition or cessation or cessation of the bankruptcy petition or cessation or cess	
Value of Collateral: \$	Up to \$1,950* of deposits toward purchase, for personal, family, or household use - 11	lease, or rental of property or services U.S. C. § 507(a)(6).
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	Alimony, maintenance, or support owed to - 11 U.S. C. § 507(a)(7). Taxes or penalties owed to governmental upon the Common of t	nits – 11 U.S. C. § 507(a)(8). J.S. C. § 507(a)().
7. Credits: The amount of all payments on this claim has be for the purpose of making this proof of claim.	een credited and deducted	HIS SPACE IS FOR COURT USE ONLY
8. Supporting Documents: Attach copies of supporting documents, purchase orders, invoices, itemized statements of rucourt judgments, mortgages, security agreements, and evide DO NOT SEND ORIGINAL DOCUMENTS. If document if the documents are voluminous, attach a summary. 9. Date—Stamped Copy: To receive an acknowledgement.	nce of perfection of lien. s are not available, explain.	
addressed envelope and copy of the	IS proof of claim.	
Sign and print the name and title, if any, of the creditor of this claim (attach copy of power of attorney, if any):	or other person authorized to file	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or in	iprisonment for up to 5 years, or both.	18 U.S.C. §§ 152 and 3571

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B10 (Official Form 10) (4/98)	
UNITED STATES BANKRUPTCY COURT 30 UTION	LDISTRICT OF LLXQV PROOF OF CLAIM
Name of Debtor	Case Number: CACA
NOTE: This form should not be used to make a claim for an administrative expense. A "request" for payment of an administrative expense.	CIOODO H— HZ-II
Name of Creditor (The person or other entity to when the day	suant to 11 U.S.C. § 503.
P.O. Box 7146 Indianapolis, IN 46207	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: Bank One National OD Recovery P.O. Box 7146	Check box if you have never received any notices from the bankruptcy court in this case.
Indianapolis, IN 46207 Telephone number: 877-287-7303	Check box if the address differs from the address on the envelope sent to you by the court. THIS SPACE IS FOR COURT LIST ON:
Account or other number by which creditor identifies debtor:	TATIO OF THE COURT USE ON
001900623882917	Check here replaces if this claim amends a previously filed claim, dated:
1. Basis for Claim	<u> </u>
Goods sold	Retiree benefits as defined in 11 U.S.C. § 1114(a)
Services performed	☐ Wages, salaries, and compensation (fill out below)
☐ Money loaned	Your SS #:
Personal injury/wrongful death	Unpaid compensation for services performed
☐ Taxes	_
Other	from to (date)
2. Date debt was incurred: 2/9/9	3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed:	
If all or part of your claim is secured or entitled to priority, also con Check this box if claim includes interest or other charges in addition of all interest or additional charges.	nplete Item 5 or 6 below. It to the principal amount of the claim. Attach itemized statement
5. Secured Claim.	6. Unsecured Priority Claim.
Check this box if your claim is secured by collateral (including a	
right of setoff). Brief Description of Collateral:	Check this box if you have an unsecured priority claim Amount entitled to priority \$
Real Estate Motor Vehicle	Specify the priority of the claim:
Other	Wages, Salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
Value of Collateral: \$	Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S. C. § 507(a)(6).
	Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S. C. § 507(a)(7).
Amount of arrearage and other charges at time case filed included	Taxes or penalties owed to governmental units— 11 U.S. C. § 507(a)(8).
in secured claim, if any: \$	Other Specify applicable paragraph of 11 U.S. C. § 507(a)(). *Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the data of a divisions.
7. Credits: The amount of all payments on this claim has b	and a summerced on or after the date of anjustment.
and purpose of making this proof of claim.	
8. Supporting Documents: Attach copies of supporting documents, purchase orders, invoices, itemized statements of rucourt judgments, mortgages, security agreements.	7 19 19 19 19 19 19 19 19 19 19 19 19 19 1
DONOT SEND ORIGINAL DOCUMENTS, and evide	
9. Date—Stamped Copy: To receive an acknowledgement	- f 41 - f 11 - f
The my same addressed envelope and copy of the	is proof of claim.
This claim (attach copy of power of attorney, if any):	or other person authorized to file
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or in	prisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.
()	ipinsonment to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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ACCOUNT NUMBER . 001900623	882917+	0 .00
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AGCY: NRC-OH 09/03/1999	LNOT: 06/22/2000 BKR	ORIG: 001900623882917
MCAL: MBK 06/23/2000	LPAY:	.00 11/25/1998
	LLTR: 06/10/1999 FIN	
PSCH:	COFF: 02/09/1999	
DEBTOR ADDRESS:	SUPP DEBTOR:	
10201 MAIN ST		
HOUSTON	77025-0000	
TEL: 1-713-838-4336 B: 1-		B:
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PF1=HELP PF3=EXIT PF4=PROMPT PF5=PREV PF6=NEXT PF9=RETRIEVE PF12=CANCEL

Date: 6/22/ 0 Time: 12:45:37 PM

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COMMAND ===>
PF1=HELP PF3=EXIT PF4=PROMPT PF5=PREV PF6=NEXT PF9=RETRIEVE PF12=CANCEL

Date: 6/22/ 0 Time: 12:45:37 PM